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# YEAR 3 ANNUAL REPORT

## Strengthening the “Soins essentiels dans la communauté” Strategy Project (SECPro)

**PERIOD: April 2018 – March 2019**

**SUBMITTED: June 2019**

Country of Focus: Mali

Response to APS Addendum 1: Community Health Workers Programming Under the Integrating Community Health APS (APS-OAA-15-000004)

Cooperative Agreement Number: AID-OAA-A-16-00012

Submitted by Aga Khan Foundation U.S.A. 1825 K Street NW, Washington, DC 20006

Type of organization: Non-Profit 501(c) (3) organization

DUNS Number: 803205012

Contact point: AKF USA

Major sub-recipient: Human Network International (HNI) / Non-Profit 501(c) (3) organization

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# LIST OF ACRONYMS

ADC:	Agent de Developpement Communautaire/Community Development Worker
AKF:	Aga Khan Foundation
AMM:	Association of Municipalities in Mali
ANTIM:	National Tele-health and Medical Informatics Agency
AQCESS:	Access to Quality Care through Extending and Strengthening Health Systems
ASACO:	Association of Community Health Associations
CADD:	Cellule d'appui à la decentralisation et la deconcentration/ Support Unit for Decentralization and De-concentration
CHW:	Community Health Worker/Agent de Santé Communautaire
CPN:	Prenatal Consultation
CPON:	Post-natal Consultation
CSCOM:	Centre de Santé Communautaire (Community Health Center)
CSREF:	Referral Health Center
DESR:	Division Etablissements Sanitaires et Règlementation
DGS-HP	General Directorate of Health and Public Hygiene
DHIS2:	District Health Information System 2
DNS:	Direction Nationale de la Sante (National Health Directorate)
DNDS:	National Directorate of Social Development
DNPFEF:	National Directorate for Promotion of the women, Child's and Family
DNPSES:	National Directorate of Social Protection and Solidarity Economy
FENASCOM:	National Federation of Community Health Associations
GoM:	Government of Mali
HNI:	Human Network International
HP+:	Health Policy Plus
INRSP:	National Institute of Public Health Research
MoH:	Ministry of Health
MoE:	Ministry of Education
NGO:	Non-Governmental Organization
PASEC:	Support Program to the Sustainability of the Strategy of Basic Cares in the Community
SEC:	Soins Essentiels dans la communauté
SECPro:	Strengthening the Soins essentiels dans la communauté Strategy Project
SMS:	Short Message Service
SNIS:	National Health Information System
SSGI:	Service de Santé à Grand Impact de USAID
UNICEF:	Fonds des Nations unies pour l'enfance
USAID:	United States Agency for International Development
WHO:	World Health Organization

## ONE PAGE SUMMARY

Despite improvements in health indicators, Mali still has a very high maternal mortality rate, and high neonatal, infant and children under-five mortality rates. These poor indicators are caused by a number of factors including low funding of health services, limited access to health care, and the lack of qualified health care providers. Although the Ministry of Health (MoH) submitted a draft law to the National Assembly of Mali in 2013 to increase the health budget to 15% of the national budget, little progress has been made towards its passage.

**Life of Project:** March 11, 2016 - March 10, 2020  
**USAID:** [REDACTED]  
**Cost Share:** [REDACTED]  
**Leverage:** [REDACTED]  
**Implementing Partners:** HNI, DNS, FENASCOM, AMM  
**Geographic Focus:** National, Mopti and Djenné Districts

In 2015, a situational analysis of essential community healthcare services through community health workers (CHW) conducted by the USAID-funded *HP+* project estimated the global cost of community healthcare to be about [REDACTED] million. The analysis also highlighted key obstacles health institutions face regarding CHW wages; 1) Insufficient proportion of the available budget to cover salaries. 2) the majority of CHWs operate without any formal contract, 3) Only two out of all known partners in the sector (WFP and UNICEF) have specific, country-wide interventions to address CHW wages, 4) Most CHWs have unrecovered arrears of wages, and 5) the housing and work conditions of CHWs are unsatisfactory<sup>1</sup>.

The SECPro is a four-year project, funded by USAID, Aga Khan Foundation U.S.A. (AKF USA) and Orange Mali, S.A, with the goal of contributing, along with other partners, to the reduction of maternal and child mortality and morbidity by supporting the decentralization of the Government of Mali (GoM) health services to implement and scale-up the National Essential Care Strategy in the Community (SEC) strategy. The project is implemented by Aga Khan Foundation Mali (AKF Mali) in partnership with Human Network International (HNI). The implementing partners include: The Direction National de la Santé (DNS), the Federation Nationale des Associations de Santé Communautaire (FENASCOM) and the Association of Municipalities in Mali (AMM) to support the national SEC strategy. The project is focused on national level and the districts of Mopti and Djenné.

### Objectives

- 1) Develop Effective and Efficient Linkages of Community Health Approaches in Systems, Policies, and Plans.
- 2) Generation and Use of Quality Data and Information for Decision Making to Influence Local and National Systems and Policies.
- 3) Improve coordination and collaboration between governments, civil society, and/or the private sector to implement and influence local and national policies and plans.

### Expected Outcomes and Impact

- Quality of SEC education improved.
- National, regional, and local SEC management committees are strengthened, functional and linked at all levels of the health system.
- Community health system strengthened in the Mopti region.
- CHW-produced data is available for decision-makers.
- Practices and learning based on the results of the project are documented and disseminated at all levels (international, national, regional, local).
- Evidence and learning based on the results of the Mopti community health worker experience are documented and disseminated at the national and regional levels.
- Coordination and collaboration between government, civil society, the private sector, donors and partners is improved to support the revision and implementation of the SEC strategy.

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<sup>1</sup> Saint-Firmin, P., B.D. Diakité, et A. Diawara. 2017. Analyse Situationnelle de la Prestation des Soins Essentiels dans la Communauté via les Agents de Santé Communautaires au Mali en 2015 : Résultats et Conclusions Clés. Washington, DC : Palladium, Health Policy Plus

# PROJECT IMPLEMENTATION PROGRESS

## A. Key Achievements

### ➤ Coordination

#### New Project Coordinator

The new project coordinator started in April 02, 2018 and was on-boarded by the Health and Nutrition Portfolio Manager and the AKF USA Program Officer in charge of SECPro.

#### Resignation and Replacement of the Advocacy Officer

The Advocacy Officer who resigned at the end of April 2018 was replaced per AKF WA's Human Resources procedures and took office on 16 July 2018.

#### SECPro and AQCESS Technical and Steering Committee meetings

AKF organizes a steering committee every 6 months for its two health projects in Mali, SECPro and AQCESS, to enable stakeholders (MoH and CSOs) to ensure that both projects are on track to achieve results and ensure their sustainability.

In July 2018, the technical and steering committees of the SECPro and AQCESS projects met. The role of these committees are to:

- Ensure coordination and coherence between the two projects
- Ensure the strategic management and the representability at national level
- Ensure coherence in the plans and reports of the two projects.

AKF hosted the technical committee meetings for both projects, with the DNS, AMM and FENASCOM, in order to carry out a review of the projects' activity and meeting reports, project quarterly reports, indicator achievement, etc., to prepare for the steering committee meeting. This steering committee meeting was hosted by the DNS and included members of the technical committee, the DRS of Mopti, Support Unit for Decentralization and De-concentration (CADD), National Tele-health and Medical Informatics Agency (ANTIM), National Institute of Public Health Research (INRSP), and UNICEF.

The meeting made it possible to amend the two projects' sustainability plan so that government partners at the national and regional levels would commit themselves to the continuity of certain activities. For example, updating the 3-2-1 service, SEC coordination committee meetings at all levels (national, regional and district), and monitoring data collection in the DHIS2 by CHWs through tablets.

### Implementation of the project Work plan

#### OBJECTIVE 1: INSTITUTIONALIZATION

##### Result 1.1. Quality of SEC education improved

##### ❖ **Activity 1.1.1: Update and support integration of CHWs into the existing MoH Career Development Program**

Following the National Assembly's (NA) recommendation,



under the impetus of SECPro and with the support of other community health (SEC) partners (i.e. HP +, SSGI, KJK, MUSO NGO, Canadian Red Cross and UNICEF), the National Coalition (CNSEC) organized a second session at the NA for the integration of CHWs as official public servants. Through testimonies from a CHW, a mother, a village chief, an Association of Community Health Organizations (ASACO) President and a Health District Director (DTC), the members of the NA were able to appreciate the importance of CHWs in the health system and their efforts in the fight against maternal and infant mortality in the most remote areas.

The session enabled NA members to understand challenges in implementing the SEC strategy, including challenges with the sustainability of the SEC without payment of CHW salaries by the communities/Government and the financing of their monitoring / supervision. The session also allowed stakeholders to question the government on these issues if necessary. The session was made public and broadcast on national television. One of the main recommendations from the NA's health commission was to initiate a bill that integrates CHWs as public servants. The CNSEC technical committee is following up on this recommendation. In addition, SECPro hosted the first meeting with the steering committee on the process of creating their database within the Human Resources Directorate (DRH) of the health sector to help advance CHWs career plans.

#### ❖ **Activity 1.1.2: Support the MoH and the Ministry of Education to develop a national CHW training program**

To support the Ministry of Health and the Ministry of Education in the development of a national CHW training program, SECPro commissioned an evaluation study of the CHW training process in Year 2. The results of the study were shared in a workshop on April 18, 2018 with the participation of 36 people, including 8 women. In addition to the state's technical structures, SEC partners such as UNICEF, Measure Evaluation and SSGI also participated. The final report of the study report was distributed to all central and regional structures of the MoH and to all SEC. The study provides baseline data on CHW training at the national level, but also identified additional training needs for CHWs while proposing areas for strengthening their training.



Following the study's main recommendation, SECPro organized a meeting with the president of the alliance of private health schools on the possibility of creating a Community Health stream to train CHWs. The main challenge for this activity is the elimination by the state of the matron, caregiver and health technician courses in the health worker training curriculum, because private health schools may align themselves with the MoH decision and no longer train this category of staff (matrons and caregivers are in the same category as CHWs) since they are not recognized or integrated into the health system. Thus, existing legislative and regulatory framework for the training of health personnel does not favor integrating the current level of CHWs. SECPro will attempt to mitigate this challenge through its sustainability plan so that discussions and consultations can continue with other SEC partners until a national CHW training program is developed and delivered in health schools. This discussion will be less challenging now, based on the President's announcement that CHWs will be integrated into the health system. This challenge can now be put forth as a top of priority in improving quality training and skills for CHWs.

#### ❖ **Activity 1.1.3: Integrate specific health information that CHW can access within the 3-2-1 Service to improve diagnosis, treatment and referral.**

The 3-2-1 CHW mobile service was officially launched on March 22, 2018, is fully functional, and is available to all CHWs by dialing 37 321 anywhere in Mali. The current challenge it faces is with raising of awareness of the service for its optimal use by CHWs. To address this challenge, SECPro uses every opportunity to communicate and share information about the service during meetings, seminars, workshops and other fora with SEC partners.



This year, all remaining activities linked to 3-2-1 were completed:

- HNI/Viamo and AKF developed new 3-2-1 messages on malaria, HIV/AIDS and tuberculosis
- HNI/Viamo sent monthly PUSH messages to remind CHWs to use the 3-2-1 service (PUSH messages were sent on a monthly basis to the entire CHW database available to Viamo, which was submitted by the General Directorate of Health and Public Hygiene (DGS-HP) with 2014 numbers. 1,999 CHWs have received at least one PUSH message.
- AQCESS' Radio partners broadcasted commercials developed by HNI/Viamo in three of the most spoken languages in Mopti (Fulani, Bambara and French) to raise awareness and promote the use of the 3-2-1 service.
- Members of the ANTIM mobile health group disseminated information in all regions of Mali under SECPro's leadership.
- SECPro introduced all 35 CHWs in Djenné and 7 AQCESS community development officers in Mopti to 3-2-1 and trained them on its use.
- Orange Mali officially launched the entire 3-2-1 service, which include other sectorial services, on February 7, 2019.

**Result 1.2: The national, regional, and local SEC Management Committees are strengthened, functional, and linked at all levels of the health system**

❖ **1.2.1: Institutionalize the SEC Ad Hoc Group.**

SECPro and SEC partners held three (3) meetings of the SEC Ad Hoc group in June and August 2018 and in March 2019. During these meetings:

- NGO MUSO's Partnership Officer was appointed as Focal Point for the DNS to support its community health team in better organizing and coordinating activities.
- The SEC Ad Hoc group adopted NGO MUSO's model for CHW-dedicated supervisor within health districts. The model will be adapted and scaled up throughout the country following the MoH directive, with the Global Fund as a financial partner.
- The validation of the integration of new disease areas (tuberculosis and HIV) into the SEC package
- Recommendations of the high-level workshop on community health reform and the precautions that the group must take to begin developing the operational documents for this vast reform were presented.

The following recommendations were made and accepted for future implementation, particularly for community-level implementation during the high-level workshop on health reform, several groups were formed to address the announcements made by the President of the Republic:

- Free health care for all children under 5 years of age
- Free care for pregnant women - childbirth, including family planning;
- Care for people over 70 years of age;
- Emergency first aid in CSCoM following road accidents
- Coverage of CHW remuneration in the CSCoM budget
- The implementation of a subsidy in the MoH budget for the care of CHWs.
- The focus on primary health care at the community level and the network platform of community actors including rural maternity centers.

Follow-up began with the development of the guideline documents and meeting every two weeks to take stock of progress.

❖ **Activity 1.2.2 Reinstantiate the Regional SEC Steering Committee in Mopti**

The SEC regional steering committee and the Mopti and Djenné district coordination committees were each held once a quarter for three (3) quarters. Multiple agenda conflicts at the regional level made it difficult to hold the fourth meeting during the reporting period. The meetings that were held focused on the results obtained by the CHWs, the difficulties and constraints encountered in the implementation of the SEC strategy in the Mopti region, and the implementation of a plan to resolve and monitor priority problem areas such as:

- The absence of revised SEC materials and inputs for the implementation of CHWs activities
- The lack of mapping of technical and financial partners involved in SEC at local level
- Insufficient supervision of CHWs
- Lack of interaction between the different committees

Communities face challenges with organizing to financially support the SEC, as items such as accommodation and food for CHWs; maintenance of working equipment (baby scales, thermometer, supports, etc.); medication and other inputs; and the monitoring of activities can be quite costly. SECPro will prepare a brief on this matter to raise awareness among decision-makers on this issue.

### ❖ **Activity 1.2.3 Build the capacity of the AMM and the FENASCOM**

SECPro initially planned to strengthen the capacities of the AMM and FENASCOM on resource mobilization to enable them to generate funding for the SEC Action Plan (PASEC). After receiving the final version of their joint advocacy plan prepared by a consultant (FOREX) and following exchanges with SECPro, there was a mutual agreement to strengthen both CSOs' capacities in advocacy/lobbying as well as those of the state technical services instead of the training on resource mobilization. Both have already benefited from the latter through other funding.



In November 2018, 14 people including one (1) woman were trained over two days on advocacy lobbying. Several experiences have been shared by RECOTRADE, FENASCOM, AMM and SECPro to differentiate between conventional and traditional advocacy. The following recommendations emerged from the training:

- Organize a two (2) day workshop in the form of a retreat to develop an advocacy strategy for the integration of CHWs in the community public service.
- Conduct advocacy sessions to encourage partners to co-fund an existing program (PASEC) led by the collectivities through which their funds can support paying CHW wages. This is a suggestion from FENASCOM and AMM to all SEC partners that requires further consultation on their part, and does not require action or commitment from any of the SEC partners.
- Provide training for coalition members in Community Diagnostics.

### ❖ **Activity 1.2.4 Build capacity of the National Health Directorate (DNS) in governance and management of the SEC strategy.**



AKF held a workshop from December 17-19, 2018 to build the capacity of government partners in participatory governance using AKF tools. Twenty-five (25) participants attended, with 20% female representation. Participating organizations included the DNS, CADD, National Directorate of Social Development (DNDS), National Directorate for Promotion of the women, Child's and Family (DNPFEF), National Directorate of Social Protection and Solidarity Economy (DNPSES), FENASCOM and AMM. Five (5) modules were presented during the three (3) training days:

1. Democratic Governance: General Framework
2. Challenges of governance in the municipality
3. Participatory Governance of the Health Sector in a decentralized context
4. Citizen Control and Participatory Governance in the health sector / review of tools and spaces for citizen participation in the health sector (tools tested by AKF)
5. Comparative Analysis of CCAP, AKF and Other Partners



At the end of this training, participants made the following suggestions:

- Increase the duration of the session to 5 days instead of 3 to better develop the different themes.
- Organize other orientation sessions in view of the complexity of the theme of participatory governance to allow a better understanding of the different tools for their integration into action plans.

## **OBJECTIVE 2: MEASUREMENT TO INFLUENCE SYSTEMS & POLICIES**

### **Result 2.1 CHW-produced data is available for decision-makers**

#### **❖ Activity 2.1.1: Implement a mobile data collection system to transfer data to the SNIS and the SLIS at the CHW level using DHIS2.**

SECPro initiated digital data collection by CHWs, which was complemented by the following actions:

- Configuring and pre-testing data collection tools during a workshop in Fana (May 21 to 26, 2018)
- Procuring tablets and training all CHWs in Djenne (35) and Mopti (35) on data collection in DHIS2 (November 28 to December 03, 2018) in collaboration with UNICEF,
- Orientating to DTC on the SEC forms configured in DHIS2 in the context of CHW training,
- Monitoring data collection by all CHWs and reconfiguring tablets with the DHIS2 server (March 13 to 27, 2019).



Challenges have been identified and must be taken into account to optimize the implementation of the digital data collection system from CHWs. These include:

- Regular monitoring and maintenance of the tablets
- Permanent availability of internet network in CHWs sites for the synchronization of data
- Refresher training of CHWs that have limited knowledge on the use of electronic forms
- Cleansing of database to exclude redundancies and data entry errors
- Improvement of the tracker application to consider conditions and gaps during offline use.



### **OBJECTIVE 3: INCLUSIVE & EFFECTIVE PARTNERSHIPS**

#### **Result 3.1: Adequate resources are allocated by the MoH to support the implementation of the SEC strategy**

##### **❖ Activity 3.1.1: Create and support a National Advocacy Coalition for SEC strategy**

SECPro led a review of the Coalition's action plan to ensure the functionality of the CNSEC, and to support the AMM and FENASCOM in the establishment of the coalition's technical committee. Meetings of the Technical Committee and the Steering Committee of the CNSEC have been held monthly and quarterly respectively since August 2018. At a workshop held in September 2018 with all members, participants decided to conduct annual reviews the coalition's action plan, and to obtain the commitment of partners to fund this plan. This workshop focused on:

- The presentation of the coalition's report
- Updating of coalition plan activities from October 2018 to September 2019
- Sharing of experiences of the National Coalition International Campaign for Drinking Water and Sanitation.

Attached is the coalition plan (document in French for the moment)



Plan CNSEC 2018  
-2019.docx

The functionality of the permanent secretariat of the advocacy coalition emerged as a major difficulty in the implementation of the activities of the action plan. The workshop developed strong recommendations for all coalition members:

- Review the objectively verifiable indicators and strategies of the action plan.
- Accelerate the set-up of the monitoring committee to replace the technical secretariat.
- Finalize the advocacy strategy for the integration of CHWs in the community public service.

The workshop in September 2018 allowed us to find a consensus for the establishment of a technical committee to ensure the functionality of the CNSEC, the accession of new partners such as the national coalition for WASH, ACF and the NGO Jigi.

As a result, a strategy whose overall objective is to ensure the sustainability of SEC through the allocation of additional resources by MoH to the ASACOs has been developed, and is supported by an operational plan. The coalition will advocate to the Ministry of Health to increase the decentralized budget for communities to ensure payment of CHWs by December 2020.

❖ **Activity 3.1.2: Develop and support the implementation of a strategic advocacy plan that will be implemented by the AMM and FENASCOM to support the Program to Support the Sustainability of the SEC (PASEC)**

According to the CSO advocacy plan, donors were to combine funds for the payment of CHWs into the common PASEC action plan led by CSOs and the municipal authorities would take direct responsibility for paying the CHWs in place of international NGOs. After a first-round table, donors did not commit to do this. SECPro has reoriented the objectives of this advocacy plan towards the development of a report on the current situation of SECs to document an integrated FENASCOM and AMM advocacy plan for the sustainability of SECs in Mali, with the support of consulting firm FOREX. The July 2018 study provided the following deliverables:

- A summary report analyzing the situation of SEC in Mali (including a SWOT analysis and priorities for advocacy)
- A CSO advocacy plan
- A detailed provisional budget for this plan.

The report has been validated by the AMM and FENASCOM, who will receive the final official plan from AKF.

## **MONITORING AND EVALUATION**

### **Technical Update Training**

- The MEL officer received training in health information systems with the Department of Public Health of the Faculty of Medicine (June 25 to 30, 2018)
- The Project Coordinator attended a training on project planning and management with Microsoft Project from December 03 to 07, 2018).

❖ **Qualitative Studies**

### **DHIS2 study in collaboration with Population Council:**

As part of the SECPro learning process and to document the implementation of DHIS2 among CHWs, a study was initiated with the support of Population Council. This study is partially supported by the Population Council. It is mainly financed by USAID funds through SECPro (activity funding, AKF staff time/salaries...).

The following activities have been initiated or completed so far:

- The development of a research protocol and its approval by the INRSP ethics committee in Mali,
- Recruitment and training of investigators with the support of Population Council,
- Quantitative and qualitative data collection for the study in 4 districts: Mopti-Djenné (intervention zone), Bandiagara-Bankass (control zone)
- Analysis of the data collected through the Stata software
- Production of the baseline survey report



A draft of the baseline survey report is available and has been shared with SEC partners to collect their feedback. The next steps in Year 4 will be to evaluate the quality of the data collected by the CHWs for DHIS2 through a Data Quality Assessment, to close the study, and share its results.

❖ **Annual stakeholder lessons learned sessions**

The annual stakeholder lessons learned session was held on September 5, 2018 near Bamako. It was organized by the DGS HP and led by the Ministry of Health through a technical advisor with financial support from the SECPro project

The discussion panels allowed participants to share their experiences and best practices gained during the year, including:

- Evaluation of the CHW training by AKF
- Proactive supervision of the CHWs by the Malian Red Cross.
- An experiment on CHW salaries in Kadiolo district by Save The Children
- The proactive family planning CHW package in Yorimadio by MUSO

Some recommendations included:

- Having a harmonized approach to motivating community health workers
- Ensuring the coordination among donors considering technical and financial needs to better distribute the areas of intervention (broad coverage of the country instead of having all partners in a single geographical area) and avoid duplication of funding
- Holding two annual lesson learned sessions with SEC partners
- Proposing legislation to Parliament to support community health.

The session was covered by Malijet (an online magazine) and 4 locales magazines. Malijet's article is available [here](#).

## B. Challenges

- Conflicting agendas between SECPro implementing partners (MoH, FENASCOM and AMM) created delays in implementation, though to a lesser extent compared to previous years. To overcome this during the final year of the project, AKF invited MoH and CSOs to participate in the annual project planning workshop for better ownership of activities and scheduling. The major challenges facing the project are external challenges, especially in relation to the objectives of the advocacy activities. Advocacy for action can take several years, so SECPro is already thinking about integrating some of the advocacy activities into our sustainability plan to ensure follow-up.
- Security continues to be a challenge in some areas, and there continue to be no-access zones in Mopti and Djenné. CHWs in these areas cannot be supervised on site and are brought to the district level to assess their work.

### Activities planned but not implemented

Activities planned not achieved	Reasons/Comments
<b>Objective 1: Objective 1 (INSTITUTIONALIZATION)</b>	
<b>Update and support integration of CHWs into the existing MoH Career Development Program:</b> Awareness of the adoption of the SEC Strategic Plan	The SEC strategy is already part of the National Plan for child survival and is technically adopted by the country. However, SECPro aims to have a document signed by the Ministry of Health that adopts the strategy and this document will be shared with all PTF and kept in the archives. The document exists but has been difficult to locate among the MoH archives.
<b>Institutionalize the SEC Ad Hoc Group:</b> Ministry of Health resolution institutionalizing the National SEC Steering Committee signed	For the DNS and others partners, until a sustainable solution is found for the SEC, the Ad Hoc Group must exist as a precursor to institutionalizing the

	National SEC Committee. Thus the Ad Hoc Group will remain until conditions allow for the MoH to take action.
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## C. Collaboration

**SECPro and USAID-Mali meetings:** In June 21, SECPro and AKF Regional staff met the new USAID Program Management Specialist HR/FP, [REDACTED]. The discussions were about SECPro progress, challenges, and future planning.

**SEC partners' meetings:** In addition to the meetings of the SEC Ad Hoc Group, the new SECPro coordinator has relaunched the meeting of partners involved in SEC to ensure better coordination in support of the DNS and CSOs. AKF hosted two (2) such meetings On May 4, 2018 and January 11, 2019. The key discussion focused on how best to coordinate and pool partners' efforts to help the MoH implement the SEC strategy and address its challenges. The participants were MUSO, UNICEF, SSIG, MUSO NGO, HP +, Canadian Red Cross and AKF.

**Complementarity with AQCESS:** SECPro and AQCESS teams worked closely to implement:

- The organization of the regional steering committee of SEC in Mopti
- The setting up and the organization of the first meetings of the two local SEC committees in Mopti and Djenné
- The preparation of the DHIS2 baseline study and the training of the AQCESS community development agents (CDAs) to use the 321 service.

## D. Learning

**ICH Partners Workshop in Johannesburg:** SECPro MEL Officer and AKF USA Program Officer participated in this workshop from May 5 to 13, 2018. The workshop was organized in partnership with USAID, UNICEF, the Bill and Melinda Gates Foundation and Last Mile Health. Its objectives were to:

- Provide a platform for Population Council partners to share best practices, discuss problems and propose solutions for the implementation of community health programs.
- Review and analyze MEL plans for each project.

**Network Mapping for CSOs:** In addition to DHSI2 study, AKF, with the support of Root Change's network strengthening tools, will be conducting a network mapping exercise to better understand and support the network of organizations that advocate (civil society organizations, NGOs, and others) for community health in Mali. This will help these organizations better understand how they are currently connected, where there are opportunities to strengthen connections, and where there are redundancies and gaps. This study will start in year 4 of the project.



# KEY RESULTS

## a) MEL Indicator Table

Indicators	Baseline	Frequency of data collection	Cumulative	Targets				Achieved		
			Yes/Not	FY1	FY2	FY3	FY4	FY1	FY2	FY3
Impact										
Maternal mortality rate	368 per 100,000 live births	End of project	Not cumulative	N/A	N/A	N/A	142 pour 100000	N/A	N/A	N/A
Neonatal mortality rate	46 per 1,000 live births	End of project	Not cumulative	N/A	N/A	N/A	20 pour 1000	N/A	N/A	N/A
Infant mortality rate	58 per 1,000 live births	End of project	Not cumulative	N/A	N/A	N/A	20 pour 1000	N/A	N/A	N/A
	Objective 1: Develop Effective Linkages of Community Health Approaches, Policies, and Plans established at National, Regional and Local level.									
Number of calls to access to SEC menu using the 3-2-1 service	0	Quarterly	Yes cumulative		1800	2250	3000		1070	4851
Number of times SEC comprehension tests are accessed (via SMS or IVR)	0	Quarterly	Yes cumulative		42	63	350		100	444
% of correct answer among the comprehension tests performed	0	Quarterly	Not cumulative		800 of 1000	1600 of 2000	70%		55 of 100	38%
% CHW satisfaction rate with their access to SEC education through the 3-2-1 service	0	Annual	Not cumulative		65%	75%	90%	N/A	N/A	91%
%CHW satisfaction rate with the quality of the SEC education they received through the 3-2-1 platform	0	Annual	Not cumulative		65%	75%	90%	N/A	N/A	89%
The % of CHW who passed the aptitude test	0%	Annual			20%	30%	60%	0%	0%	0%



Indicators	Baseline	Frequency of data collection	Cumulative	Targets				Achieved		
			Yes/Not	FY1	FY2	FY3	FY4	FY1	FY2	FY3
Ministry of Health resolution institutionalizing the National SEC Steering Committee signed	0	End of project	Yes cumulative	N/A	1	1	1	0	0	0
Percentage SEC steering committees that are functional (according to regulatory provisions)	0	Quarterly	Not cumulative	4	4	4	4	1	2	4
Total number of recommendations made during SEC steering committee meetings	0	Quarterly	Not cumulative		16	16	4	0	11	16
Quality of interaction between the committees of different levels	N/A	Semi-Annual	Not cumulative		Very good	Very good	Very good	N/A	N/A	good
Coverage rate and quality of care provided by community health workers	35%	Quarterly	Not cumulative		37%	40%	51%		23%	47%
User satisfaction rate of SEC sites / rural maternity on essential care in the community	86.4%	End of the project	Not cumulative	N/A	N/A	N/A	98%	N/A	N/A	N/A
<b>Objective 2: Generation and Use of New Data and Knowledge for Decision Making to Influence Local and National Systems and Policies (e.g. scale, equity, accountability)</b>										
Promptness of the data submission from the SEC sites.	97.6%	Quarterly	Not cumulative		100%	100%	98%		84%	90%
Level of completeness of the data from the SEC sites.	97.6%	Quarterly	Not cumulative		100%	100%	100%		96%	99%
Number of best practices shared	0	Annually	Yes cumulative	0	4	8	15	0	0	7

Indicators	Baseline	Frequency of data collection	Cumulative	Targets				Achieved		
			Yes/Not	FY1	FY2	FY3	FY4	FY1	FY2	FY3
	Objective 3: Improve coordination and collaboration between governments, civil society, and/or the private sector to implement and influence local and national policies and plans									
Number of approaches developed and implemented to support financial sustainability	1	End of project	Not cumulative	N/A	N/A	N/A	3	N/A	N/A	N/A
# of partners in the National Advocacy Coalition	12	Quarterly	Yes cumulative		20	23	26		21	24

## Comment on the level of achievement of the indicators

Indicators	Target Y3	Achieved Y3	Comment
<b>Objective 1: Develop Effective Linkages of Community Health Approaches, Policies, and Plans established at National, Regional and Local level.</b>			
Number of calls to access to SEC menu using the 3-2-1 service	2250	4851	This objective was largely exceeded as a result of the communication efforts to promote the 3-2-1 service, including presentations at various meetings, orientation sessions of the CHWs in Djenné and Mopti, PUSH voice messages sent monthly to CHWs, etc.
Number of times SEC comprehension tests are accessed (via SMS)	63	444	The objective for access to the comprehension test was largely exceeded because of the effects on the promotion of the 3-2-1 service.
% of correct answers among the comprehension tests performed	1600 of 2000 (80%)	38%	The objective for the correct answers to the test has not been reached and this could be attributed to the non-memorization of the key message upon first listening. With the possibility of being able to listen to the message several times before going to the comprehension test, the goal is more likely to be achieved.
% CHW satisfaction rate with their access to SEC education through the 3-2-1 service	75%	91%	Access to 3-2-1 service is very easy with a minimal condition of having at least \$0.3 of communication credit without charges at the time of the call. Thus, CHWs are able to access the service more often.
%CHW satisfaction rate with the quality of the SEC education they received through the 3-2-1 platform	75%	89%	An expert committee on SEC and communication developed the 3-2-1 messages in accordance with the CHW training guide. The pre-tests of the messages were done with the CHWs before putting them on server. This design approach allowed the messages to be clear and understandable, thus exceeding the target set in relation to satisfaction with the quality of SEC education received through 3-2-1 service by CHWs.
The % of CHW who passed the aptitude test	30%	0%	This indicator is linked to the integration of CHWs into the public service of communities and until the integration order is signed by the Government, the indicator will not move. We very much hope with health reform because it is on a very good path. It is this decree that will allow Community Health Workers to pass the aptitude tests in order to assess their level of competence.
Ministry of Health resolution institutionalizing the National SEC Steering Committee signed	1	0	The SEC technical and financial partners (TFPs) are not unanimous in changing the name of the ad hoc group to a standing executive committee because the SECs have not yet been institutionalized. It is nevertheless necessary to note all that has been accomplished to make the meetings of this group regular with a strict follow-up of the recommendations under the leadership of SECPro and the NGO MUSO.
Percentage SEC steering committees that are functional (according to regulatory provisions)	4 of 4	4	In addition to the Ad Hoc Group and the Mopti Regional Steering Committee, SEC committees in Mopti and Djenné Districts are functional and meet periodically under the leadership of SECPro.
Total number of recommendations made during SEC steering committee meetings	16	16	This goal is achieved and could be exceeded in Y4 if meetings continue to be held as planned

Quality of interaction between the committees of different levels	Very good	Good	This indicator was not well understood at first. A small grid was recently developed to assess the quality of interactions between the different committees.
Coverage rate and quality of care provided by community health workers	40%	47%	The target relative to the percentage of cases of diseases covered by CHWs has been exceeded. The implementation process of the DHIS2 is underway with a study of the impact of the DHIS2 on CHW performance. If this trend continues, the use of DHIS2 by CHWs could contribute to the coverage rate and quality of care by CHWs.
User satisfaction rate of SEC sites / rural maternity on essential care in the community	N/A	N/A	The collection of this indicator is planned for Q3/Y4 (October 2019). A ToR and an evaluation grid will be elaborated by the end of August 2019 to start preparations with the AQCESS team of Mopti
<b>Objective 2: Generation and Use of New Data and Knowledge for Decision Making to Influence Local and National Systems and Policies (e.g. scale, equity, accountability)</b>			
Promptness of the data submission from the SEC sites.	100%	90%	Prior to DHIS2, hard copies of CHW monthly reports were sent to the next level and the CHWs salary was conditioned on receipt of these reports (global funder requirement), which gave us a high target at the time of the baseline study. Currently the CHWs of Mopti and Djenné use DHIS2 to send data, which requires an internet connection to synchronize with the server. Unfortunately, internet connection does not commonly exist at the sites, and CHWs have to wait to travel to CSCOMs or districts to do this synchronization. This explains this difference between the targeted and the achieved data submission rates. .
Level of completeness of the data from the SEC sites.	100%	99%	The configuration of the DHIS2 with validation rules makes it possible to ensure complete data entry into the database. The offline version of the tracker application has a few failures, which means that some fields may not be filed in at the time of entry, thus influencing timeliness.
Number of best practices shared	8	7	The project slightly underperformed on achieving this indicator.
<b>Objective 3: Improve coordination and collaboration between governments, civil society, and/or the private sector to implement and influence local and national policies and plans</b>			
Number of approaches developed and implemented to support financial sustainability	N/A	N/A	N/A
# of partners in the National Advocacy Coalition	23	21	N/A

## b) Impact Highlights

### **CHW: Using tablets facilitates data management, tracking and collection.**

The SECPro project has supported the extension of the DHIS2 platform to CHW sites. AKF, in collaboration with its partners, has undertaken this initiative to generate and use quality data and information for decision-making to influence systems and policies at local and national levels. After the training of the CHWs of the health districts of Mopti and Djenné on the digital collection of data through DHIS2, they were equipped with tablets. [REDACTED] is a CHW in the village of Kaouna, five miles from Mougna, her CSCoM in the Djenné health district.



"After our training on data collection through the tablet I now feel less busy and more efficient. Before the tablets, I used too much paper, and archiving them was a very big problem for me because I do not have a suitable place to keep them. As a result, I lost many cards and when I was reporting or checking the data with my supervisor the DTC, it seemed as if I had not been working because the cards were often not available in full. With the tablet, I no longer have this problem and everything I do as an activity in my site, I enter it directly into my tablet and send it. I have the opportunity to view my data and know which child missed their appointment, which child is not up to date on their vaccinations. This allows me to follow up and start a home visit. This tablet is really a great idea and I hope that this initiative can continue. »

### **Serving the community and increasing child survival in Katola**



Katola is a CHW site of the Senossa Health Area in the Djenné Health District. It is 3.7 miles away from the CSCoM and practically inaccessible during the rainy season. Due to insecurity in the village of Somena, the Djenné District Health Authority redeployed CHW [REDACTED] to the village of Katola. Thanks to her dynamism and also to the support of her ASACO, she greatly supports her CSCoM in carrying out activities in advanced strategy on prenatal consultation (CPN), post-natal consultation (CPON) and vaccination by mobilizing target groups. [REDACTED] is a housewife in Katola, she is 31 years old and mother of 8 children, the last of whom are twins. "Before the arrival of the CHW we were under

informed and there was no follow-up of newborns at home. Since [REDACTED] arrival in the village, she has been gathering us regularly to talk and visiting us at home to follow up. After I give birth to the twins, my children and I are followed at home to see if we are doing well. In this period of insecurity, it is not easy to have a means of travel to the CSCom and to this is added the inaccessibility during the rainy season. Having a CHW in our village is a very good thing and we have peace of mind about the health of our children.



According to testimonies from other women in the village, there were many cases of diseases in children. "Currently, there are few cases left and this is due to the CHW's commitment with their awareness and follow-up messages in households. We no longer wait for cases to get worse before seeking care. As soon as we feel that the child is in an unusual situation we run to the CHW and in most cases we come back satisfied and reassured without having to pay much."



## MANAGEMENT/PARTNERSHIPS

c) If you were required to provide leverage, provide a progress update on the leverage table

Name of Partner	Nature of Partnership	Level of Contribution	Type of Contribution	New* or Existing Contribution**	Alignment with Inputs	Relevance to Expected Outcomes/ Results
Orange Mali S. A	Private Sector		In-kind/ Imputed Value	New Contribution	1, 2, 3, 4	Result 1.1
Global Affairs Canada/ AQCESS	Public Sector		Cash/ Imputed Value	Existing Contribution	9	Result 1.3
	Total Leverage Contribution					
*New Contribution- wouldn't have happened but for the engagement with USAID						
**Existing/Planned Contribution - already existing or were already planned to happen, but will take advantage of in a clear way that contributes to outcomes						

#### d) Environmental Mitigation and Monitoring Report (EMMR)

Category of Activity from Section 5 of SECPro IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the SECPro IEE)	Description of Mitigation Measures for these activities as required in Section 5 of SECPro IEE	Who is responsible for monitoring?	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training etc.	<p>Activities that could potentially have a negative environmental impact related to education are as follows:</p> <p>Activity 1.1.2: Support the Ministry of Health (MoH) and the Ministry of Education (MoE) to develop a national CHW training program and</p> <p>Activity 1.1.3: Integrate specific health information that CHW can access within the 3-2-1 Service to improve diagnosis, treatment and referral.</p>	<p>SECPro will be supporting the MoH and the MoE to develop a national CHW training program but will not be directly training the CHWs.</p> <p>The activities themselves do not pose a threat to the environment. CHWs training modules already include a component on the prevention and management of biomedical waste (handling and disposal of bloodstained sharps). And concerning the continuous training through the 3-2-1 service there is also a content on the management of biomedical waste included in the Hygiene module currently. During supervision, care should be taken by the CHWs to respect the correct removal of needles (for PF and the rapid malaria diagnostic test) which must be in safety boxes immediately after use and sent to the CSCoM for incineration.</p>	SECPro team	Number of CHW using safety boxes to eliminate waste	During ASC supervision	Half-yearly
2. Public Health Commodities	The project does not have any planned activities in this category.	NA	NA	NA	NA	NA
3. Medical waste	The project does not have any planned activities in this category.	NA	NA	NA	NA	NA
4. Small-Scale Construction	The project does not have any planned activities in this category.	NA	NA	NA	NA	NA
5. Small-Scale Water and Sanitation	The project does not have any planned activities in this category.	NA	NA	NA	NA	NA
6. Small-scale agricultural activities	The project does not have any planned activities in this category.	NA	NA	NA	NA	NA
7. The use of pesticides	The project does not have any planned activities in this category.	NA	NA	NA	NA	NA
8. Other activities that are not cover by the above categories.	The project does not have any planned activities in this category.	NA	NA	NA	NA	NA

## NEXT STEPS

- e) The project is on-track to meet its objectives. During the third year we have made enormous progress in terms of the achievement of activities and of indicators. Out of the seven overall expected results and impact, two are already fully achieved, four will be achieved in the first half of Year 4 and only one risks not being fully achieved (Quality of SEC education improved through the creation of a SEC stream in health schools). This indicator largely depends on the Ministry of Education through private health schools. With the support of the DNS, the indicator could benefit from the revision of the health school-level curriculum announced by the association of private health schools in Mali, to include the sector for CHWs that they already favor. In case the process is not finalized before the end of project SECPro will include this task in the sustainability plan and find a SEC partner to lead the follow-up.
- f) To disseminate best practices and results to further amplify the project's progress or results, AKF will organize two experience-sharing workshops in Year 4, one at the national level and other at the regional level. We will also increase field visits and ensure strict follow-up of recommendations at all levels of activity.
- g) **News for the USAID management team.**
- Mali is currently undergoing a vast health reform process that began with the highest political will of the country. This may have a positive influence on SECPro's objectives, especially advocacy activities (CNSEC objectives), such as the sustainability of SEC through domestic funding. AKF is part of the commission, which is responsible for drawing up the operational documents for this Community Health Reform. An English translation of the Malian President's announcement of the health reform process can be found in Annex 2, below.
  - The National Health Directorate has been established as the General Directorate of Health. Click [here](#) to see the decree (in French)
  - AKF was informed on May 20, 2019 that HNI is closing down all field operations as soon as possible, and will likely shutter all operations by the end of 2019. Moving forward, the company Viamo will be taking over the management of the 3-2-1 service, including for 3-2-1 activities under the SECPro project. To this end, AKF will be terminating its subaward with HNI, and is in the process of drawing up a new subaward with Viamo. AKF will work closely with USAID to manage this transition in the coming quarter.
- h) **Personnel phase-out plan**
- The staff paid at 100% on the project is six, two of whom leave at the end of December 2019, the Advocacy Officer and the Administrative Assistant. The other four continue until the end of the project (March 2020) because they are key staff

## REFERENCES/ANNEXES

# ANNEXES

## Annex 1

### **Vast health reform in Mali announced:**

[http://malijet.com/la\\_societe\\_malienne\\_aujourd'hui/la\\_sante\\_au\\_mali/223903-nouvelles-reformes-du-systeme-de-sante-les-soins-de-sante-primai.html](http://malijet.com/la_societe_malienne_aujourd'hui/la_sante_au_mali/223903-nouvelles-reformes-du-systeme-de-sante-les-soins-de-sante-primai.html)

## Annex 2

### **Speech of His Excellency the President of the Republic for the Opening of the “High Level Workshop on the Reform of the Health System of Mali” on 25 February 2019**

"The wonderful world of health, which spends countless hours in all its strata, in conditions that are often unimaginable, and for incomes that are not always obvious - this world of health deserves the respect I willingly give it. Infant and child mortality, malnutrition, are at their peak, not to our credit, no. I would be reckless to be satisfied with it, so there are whips to crack, in all directions. We will not be complacent with ourselves. We have shortcomings, which do not always hinder the means and which are usually taken for granted. Thus, we have entrusted to [REDACTED], after she has successfully completed the exercise at the United Nations level, to come and benefit her country as well, by doing what she had succeeded at while there: reform our system internally, by revisiting the methods and the ways of doing things. When a task is not well understood, when a task is not well articulated, it cannot be performed as it should be: with happiness. So the reform of the State helps the conference of public life, participate in this. Not a fad -we have many- and I am happy to see how much the two departments are working in absolute synergy to make health sector reform what we want it to be. To make it a success, so that from top to bottom, from bottom to top, in a happy network, the whole health system in Mali is reviewed and corrected for the happiness of Malians. That everywhere, where the Malian suffers, he has access to the minimum required. This, in this 21st century, is not a feat, but a duty and it is a shame that it is not so. Yes of course, we have excuses, we have arguments, the security situation, yes, it weighs on us, it is true that the price paid is quite high - 22% of our budgetary resources go to Defense and Security- but yes, there too, we must be accountable. When we defend men, when we protect the country, we have a duty to ensure that these men are also available to build the country, by the power of labor. How can we do so if they are overcome by disease? The effort that is being made in the field of Defense and Security will also have to be deployed in the field of health. That is why, ... the Head of Government has already attested,

that I validate everything that has been indicated there in terms of access to health care... We validate, we validate with the greatest happiness. We validate free curative and preventive primary health care for children under five years of age, pregnant women including childbirth, and people over 70 years of age. I myself am part of it, family planning, dialysis, emergency first aid in all health structures (accidents and disasters), the establishment of a network of Community Health Workers (CHWs) integrated into CSCoM and rural maternity units that will provide free essential services to all those in need at the community level. At the same time, it will be necessary to reflect on the necessary restructuring of the ASACO-CSCoM system and rural maternity units in order to solve the main problems that weaken the primary health care system. The improvement of governance, the renewal of the technical platform with regard to secondary and tertiary health care, the District Reference Health Centre network, regional hospitals and specialized hospitals, a thorough restructuring or even the creation of services at the Ministry of Health and Public Health level for greater effectiveness and efficiency must be done. The Government will also undertake to examine the possibility of increasing the allocation of its national health budget. That is why the international community will have to provide strong support and guidance... and strong support for this high-level commitment to the Government for the success of the reform so that it can be carried out in such a way that immediately and significantly reduce child mortality and other morbidity and mortality factors in our dear country. It is at this price and through these reforms that the Government of Mali, in collaboration with the international community, will make Mali what we want: a leading country in health sector reform governance in this African continent. I therefore declare open the High Level Workshop on Health Sector Reform, Thank you!"